



Webforms Output: Core standards declaration 2007/2008
May 2008

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* Please enter the postcode for your organisation. This must be in capital letters and be in the format EC1Y 8TG.

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This is the information that we have for your organisation.

If this information is incorrect please contact the Healthcare Commission at forms@healthcarecommission.org.uk

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

- END OF PAGE -

If your organisation is any of the following please select the option PCT or Community Trust:

PCT
Community Trust
PCT with Mental Health
Care Trust with PCT

If your organisation is any of the following please select the option Mental Health or Learning Disability

Mental Health
Learning Disability
Care Trust with Mental Health

* Please enter your type of organisation

- Acute
- Mental Health/Learning Disability
- PCT**
- Ambulance
- Isle of Wight NHS PCT
- NHS Direct
- Health Protection Agency
- NHS Blood and Transplant

General Guidance

You might find it helpful to print the following instructions (a printable version is available here) so you can refer to them easily while you are completing the declaration form.

The declaration form is divided into the following sections:

1. General statement of compliance
2. Statement on measures in place to meet the provisions of the Hygiene Code
3. Domain pages for core standards
4. Sign off
5. Comments from third parties

Your declaration will be the basis of your score for the assessment of core standards.

For core standards, your declaration should cover the period from April 1st 2007 to March 31st 2008. The statement on the Hygiene Code should set out whether the appropriate measures are in place to ensure that the provisions of the Hygiene Code were being observed during 2007/2008.

There will not be a specific developmental standards assessment as part of the 2007/2008 annual health check. Instead, we will issue a small set of comparative, or benchmark, indicators to trusts to show their position relative to similar trusts within specific domains (safety, clinical and cost effectiveness or public health). We expect that trust boards will use this information along with the local data that trusts already use when reviewing their performance and considering their compliance with the core standards.

Please note you are only able to access sections applicable to your trust type.

1. General statement of compliance

The general statement is an opportunity for trusts to place in context the detail of the domain pages and the comments received from the specified third parties. Each trust should use the general statement of compliance to present a summary of its declaration. It is important for the statement to be consistent with the detail presented in the rest of the declaration.

2. Statement on measures in place to meet the Hygiene Code

Trusts are asked to provide a short statement outlining whether the trust considers it has appropriate measures in place to ensure that the provisions of the Hygiene Code were being observed during March 2007/ 2008. This year, we have been inspecting acute trusts as part of our duty under the Hygiene Code. If you have the results of a Hygiene Code inspection, you must include a short summary of the findings and any actions taken as a result of the inspection. This statement is also intended to provide assurance to patients and the public that trusts have taken due account of their new duties under the Code.

Please note – the Health Protection Agency and NHS Direct are not required to provide a statement on measures in place to meet the Hygiene Code.

3. Domain pages for core standards

Separate sections have been set up for each domain.

For each part standard (for example, C7b), you must categorise your trust under one of the following headings:

Compliant - a declaration of 'compliant' should be used where a trust's board determines that it has had 'reasonable assurance' that it has been meeting a standard, without significant lapses, from April 1st 2007 to March 31st 2008.

Not met - a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there has been one or more significant lapses in relation to a standard during the year.

Insufficient assurance - a declaration of 'insufficient assurance' should be used where a lack of assurance leaves the trust's board unclear as to whether there have been any significant lapses during 2007/2008. Please note, in circumstances where a trust is unclear about compliance for a whole year but has good evidence about the occurrence a significant lapse during the year, the trust should consider whether a declaration of 'not met' is more appropriate.

For each standard, the boards of trusts need to decide whether any identified lapses are significant or not. In making this decision, we anticipate that boards will consider any potential risks to patients, staff and the public, and the duration and impact of the lapse. The declaration should not be used for reporting isolated, trivial or purely technical lapses in respect of the core standards.

If one or more standards within a domain is declared as 'not met' or 'insufficient assurance', please record the details for each of these standards, including the following items of information:

Start date - the date at the start of the period for which the trust has:

- identified a lack of assurance to determine whether there have been any significant lapse(s)
- or
- identified one or more significant lapses which means that the trust has not met the standard

End date (planned or actual) - the date by which the trust plans to have:

- assurances in place to enable it to determine whether the standard has been met
- or
- addressed the issues identified as one or more significant lapse(s)

Issue - a statement detailing:

- why the trust does not have assurance to determine their level of compliance
- or
- the details of the significant lapse(s) that have been identified

Action plan - an outline of the steps the trust is taking, or has taken, to:

- address an issue of 'insufficient assurance' (that is, the actions in place to gain assurances of whether or not the trust is meeting the standard)
- or
- address an issue of 'not met' (that is, the actions in place to address the areas for which the trust has identified one or more significant lapse(s))

This year, where applicable, we will ask you for additional information where:

- the standard was declared as 'not met' or 'insufficient assurance' in 2006/2007 and
- there was an action plan with an end date before 31st March 2007 and
- the standard has again been declared as 'not met' or 'insufficient assurance' for 2007/08.

Please describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan.

Some standards are not included in the declaration, as separate assessments for them are being undertaken elsewhere in our overall assessment process or where these have been judged to not be applicable to the trust type. These standards are:

C7d - this relates to financial management and will be measured through the use of resources assessment for which we will rely on the findings of the Audit Commission or Monitor.

C7f - this relates to existing performance requirements and will be measured through the existing targets assessment.

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing targets and new national targets assessments.

In addition there are standards which are not applicable for certain trust types and as such will only be shown on the declaration form where applicable:

C3 - regarding NICE interventional procedures, we are not assessing ambulance trusts, mental health services, primary care trusts and learning disability services on this standard for 2007/2008.

C4c - regarding reusable medical devices, we are not assessing ambulance trusts, mental health services and learning disability services on this standard for 2007/2008.

C15a and C15b - regarding provision of food for patients, we are not assessing ambulance trusts on these standards.

C22b - regarding local health needs, we are not assessing acute trusts, ambulance trusts, mental health services and learning disability services on this standard for 2007/2008

HPA / NHSD and NHSBT - Some standards are not included in the declaration for your trust. These will have been agreed with you and the reasons for their exclusion are documented on our website

4. Sign off

The Healthcare Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors), should sign off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

The completion of the sign off page will be taken as verification that the individual(s) who are recorded as signing off the declaration have reviewed the contents of the declaration form and are certifying that:

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance for the core standards
- the statement of the measures in place to meet the requirements of the Hygiene Code are a true representation of the trust's position
- any commentaries provided by specified third parties have been reproduced verbatim. Specific third parties are: strategic health authority, and foundation trust board of governors, where relevant, and patient and public involvement forums and overview and scrutiny committees
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above

5. Comments from specified third parties

Trusts are required to invite comments on their performance against the core standards, from specified third parties. These comments must be reproduced verbatim in the relevant sections of the form. The specified partners are:

- for all NHS trusts, except foundation trusts, third parties must include the strategic health authority, the local authority's overview and scrutiny committee, the trust's patient and public involvement forum and the local safeguarding children board
- for foundation trusts, third parties must include the local authority's overview and scrutiny committee, the patient and public involvement forum and the local safeguarding children board. We also encourage foundation trusts to seek, if they wish, comments from their board of governors and strategic health authority
- for the Health Protection Agency, NHS Direct and the NHS Blood and Transplant, organisations are required to invite comments on their performance

against the core standards from specified third parties. These have been agreed with you. These comments must be reproduced verbatim in the relevant sections of the form. At the top of the section, please record the name of the commentator.

A trust may have more than one overview and scrutiny committee within its catchment area. If this is the case, it should invite comments from those committees it deems most relevant. In addition, a committee may specifically ask to comment on the performance of a trust against core standards. Where this is the case, the trust should accept comments from such a committee and include them on their declaration form. In some locations, overview and scrutiny committees will have joint working arrangements. Where this is the case, the trust may wish to use those arrangements to gain comment.

Where a specified local partner declines to comment, a statement to this effect must be included in the declaration, along with any reasons cited by the local partner for their lack of comment.

Please note that Frequently Asked Questions are available by clicking the link within the 'Completer Information' section.

Guidance for PCTs

PCTs need to consider the following for each core standard when completing their declaration:

- directly provided services: whether they have reasonable assurance that their services are meeting the core standard
- independent contractors: whether they have taken reasonable steps to ensure that the services provided by independent contractors are meeting the core standard. It is recognized that trusts will have different ways through which they might take reasonable steps to engage and communicate with independent contractors. Some examples might include:
 - through the work of the professional executive committee (PEC)
 - by reviewing information from the quality outcomes framework (QOF)
 - by engaging with local networks (for example the local dental practice board, local pharmacy committee, local optometry committees, etc.)
- commissioned services: whether they have appropriate mechanisms through which they could identify and, where appropriate, respond to any significant concerns arising from their commissioned services with regard to the standard. In some cases we expect that trusts may have formalised their requirements and monitoring arrangements with regard to the standards, for example through detailing contractual clauses and service level agreements. More commonly though we expect that they may be relying on other, more general mechanisms, such as:
 - feedback from patients on commissioned services
 - review of performance monitoring information
 - risk assessments of commissioned services
 - routine meetings between the PCT and the providers of their commissioned services, etc.

There are some standards that are particularly relevant to the PCT's role as a commissioner which are C5a, C6, C7e, C17, C18, C22, C23 and C24. The PCT will therefore wish to be assured that they have taken into account these standards when commissioning services.

General statement of compliance

* Please enter your general statement of compliance in the text box provided. There is no word limit on this answer.

Other than Core Standard 4d the Board of Gloucestershire Primary Care Trust has reasonable assurance that there have been no significant lapses in meeting the core standards during the period April 1st 2007 to 31 March 2008. Where minor lapses have occurred, the Board is satisfied that appropriate remedial action has been taken.

For those areas where the PCT stated non-compliance in the 2006/07 declaration, the Board is assured that the PCT is now compliant with those standards.

The PCT has followed a robust and evidenced process, led by the Chair of the Integrated Governance Committee and the Audit Committee, to assess its compliance against the standards contained within the seven domains. Directors and lead managers for each area have been fully involved plus a representative from PCT Internal Audit, Deloitte and Touche.

The Board wishes to acknowledge the dedication and commitment of staff to achieving high standards of patient care. It would also like to thank Gloucestershire Health Overview and Scrutiny Committee (HOSC) and the Gloucestershire Patient and Public Involvement for their involvement in our Standards for Better Health declaration.

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Statement on measures to meet the Hygiene Code

* Please enter this statement in the box provided. There is no word limit on this answer.

Gloucestershire PCT is able to provide assurance that the organisation is compliant with the Health Act 2006, revised January 2008. Gloucestershire PCT has undertaken a review of the requirements of the Health Act and ensured that all aspects have been addressed: Specifically that the organisation has assessed the risks of healthcare associated infection and taken steps to prevent occurrences, has an infection control team in place led by the Director of Infection Prevention and Control, has rolling programmes of clinical audit and education, has provided policies and guidelines for the prevention of infection, and has made information available to patients and the public. The organisation has an ongoing infection control work programme that seeks to improve on previous achievements. Formal assessment by Gloucestershire PCT's Select Committee, which is a subgroup of the Board, has concluded that the PCT is compliant with the Health Act as required.

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Safety domain - core standards (C1a - C3)

Please declare your trust's compliance with each of the following standards:

* C1a: Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.

compliant

not met

insufficient assurance

* C1b: Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.

compliant

not met

insufficient assurance

* C2: Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.

compliant

not met

insufficient assurance

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Safety domain - core standards (C4a - C4e)

Please declare your trust's compliance with each of the following standards:

* C4a: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).

compliant

not met

insufficient assurance

* C4b: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.

compliant

not met

insufficient assurance

- END OF PAGE -

* C4c: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.

compliant

not met

insufficient assurance

- END OF PAGE -

* C4d: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.

compliant

not met

insufficient assurance

Start date of non-compliance or insufficient assurance

01-03-2008

End date of non-compliance or insufficient assurance

30-06-2008

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

The Board is assured that the PCT has policies and procedures in place for the safe management of medicines. There have been no red or amber medicine-related incidents during 2007/08. However, the PCT has declared "Insufficient Assurance" for this standard following an audit in March 2008 of medicines management within community hospitals for the following reasons:

- a) Evidential shortfall – by end March 2008 the audit has not yet been completed in one of the largest community hospitals.
- b) Initial results from the audit highlighted a few areas in a small number of community hospitals where it was not clear that procedures had been fully followed in line with policy guidance.

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

- a) An audit of the remaining community hospital is planned for late April 2008. Results of that audit will be considered in line with the other audit findings.
 - b) An action plan has been put together involving the PCT senior pharmacy advisor, community hospital matrons and senior managers to address the identified issues. Additional resources have been identified to ensure that all community hospitals have the same level of pharmaceutical support.
- It is anticipated that the PCT will be able to declare full compliance by end June 2008.

* C4e: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.

compliant

not met

insufficient assurance

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Clinical and cost effectiveness domain - core standards (C5a - C6)

Please declare your trust's compliance with each of the following standards:

* C5a: Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.

compliant

not met

insufficient assurance

* C5b: Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.

compliant

not met

insufficient assurance

* C5c: Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.

compliant

not met

insufficient assurance

* C5d: Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.

compliant

not met

insufficient assurance

* C6: Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

compliant

not met

insufficient assurance

- END OF PAGE -

There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Governance domain - core standards (C7a - C9)

Please note some core standards do not appear on the declaration form as they are assessed through other components of the annual health check:

Standard C7f is assessed through the existing targets component of the annual health check.

Standard C7d is assessed through our use of resources component which uses information from assessments undertaken by the Audit Commission and Monitor.

Standards C7f and C7d are not applicable to the Health Protection Agency, NHS Direct or NHS Blood and Transplant.

Please declare your trust's compliance with each of the following standards:

* C7a and C7c: Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.

compliant

not met

insufficient assurance

* C7b: Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.

compliant

not met

insufficient assurance

* C7e: Healthcare organisations challenge discrimination, promote equality and respect human rights.

compliant

not met

insufficient assurance

* C8a: Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.

compliant

not met

insufficient assurance

* C8b: Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.

compliant

not met

insufficient assurance

* C9: Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.

compliant

not met

insufficient assurance

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Governance domain - core standards (C10a - C12)

Please declare your trust's compliance with each of the following standards:

* C10a: Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.

compliant

not met

insufficient assurance

* C10b: Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.

compliant

not met

insufficient assurance

* C11a: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.

compliant

not met

insufficient assurance

* C11b: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.

compliant

not met

insufficient assurance

* C11c: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.

compliant

not met

insufficient assurance

* C12: Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.

compliant

not met

insufficient assurance

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Patient focus domain - core standards (C13a - C14c)

Please declare your trust's compliance with each of the following standards:

* C13a: Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

compliant

not met

insufficient assurance

* C13b: Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.

compliant

not met

insufficient assurance

* C13c: Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.

compliant

not met

insufficient assurance

* C14a: Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.

compliant

not met

insufficient assurance

* C14b: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.

compliant

not met

insufficient assurance

* C14c: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.

compliant

not met

insufficient assurance

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Patient focus domain - core standards (C15a - C16)

Please declare your trust's compliance with each of the following standards:

* C15a: Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.

compliant

not met

insufficient assurance

* C15b: Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

compliant

not met

insufficient assurance

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* C16: Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.

compliant

not met

insufficient assurance

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Accessible and responsive care domain - core standards (C17 - C18)

Some core standards do not appear on the declaration form as they are assessed through other components of the annual health check.

Standard C19 is assessed through the existing targets component of the annual health check.

Please declare your trust's compliance with each of the following standards:

* C17: The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

compliant

not met

insufficient assurance

* C18: Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

compliant

not met

insufficient assurance

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Care environment and amenities domain - core standards (C20a - C21)

Please declare your trust's compliance with each of the following standards:

* C20a: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.

compliant

not met

insufficient assurance

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* C20b: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

compliant

not met

insufficient assurance

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* C21: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

compliant

not met

insufficient assurance

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

Public health domain - core standards (C22a - C24)

Please declare your trust's compliance with each of the following standards:

* C22a and C22c: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.

compliant

not met

insufficient assurance

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* C22b: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.

compliant

not met

insufficient assurance

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* C23: Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

compliant

not met

insufficient assurance

* C24: Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.

compliant

not met

insufficient assurance

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Electronic sign off page

The Healthcare Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors) should sign off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

The completion of the sign off page will be taken as verification that the individual(s) who are recorded as signing off the declaration have reviewed the contents of the declaration form and are certifying that:

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance
- the statement on measures to meet the Hygiene Code are a true representation of the trust's position
- any commentaries provided by specified third parties have been reproduced verbatim. Specified third parties are: strategic health authority, foundation trust board of governors (where relevant), patient and public involvement forums, overview and scrutiny committees and local safeguarding children boards
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above.

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Electronic sign off - details of individual(s)

	Title:	Full name:	Job title:
1		Jan Stubbings	Chief Executive Gloucestershire Primary Care Trust
2		Rob Graves	NED and Chair of Integrated Governance Committee and Chair Standards for Better Health Select Committee
3		Margaret Styles	NED and Standards for Better Health Select Committee Member
4		Anne Noble	NED and Standards for Better Health Select Committee Member
5		Hazel Braund	Director of Communication, Performance and Planning
6		Brian Welch	Internal Audit Deloitte and Touche
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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Comments from specified third parties

Please enter the comments from the specified third parties below.

* Please enter the name of the strategic health authority that has provided the commentary

South West Strategic Health Authority

* Strategic health authority comments. There is no word limit on this answer.

On the basis of the evidence available to the Strategic Health Authority, there is no reason to disagree with the assessment made by the NHS organisation in its declaration. We are confident that the Primary Care Trust is working to ensure that where any lapses have occurred, action is being taken to address this across the whole NHS organisation.

* Please enter the name of the patient and public involvement forum that has provided the commentary

Gloucestershire Patient and Public
Involvement Forum

* Patient and public involvement forum comments. There is no word limit on this answer.

Core Standard C13a

This is an area of considerable work by the PCT, reflecting the concern from the Chief Executive downward to make this a priority. The Forum has been involved in reviewing with the PCT the outcomes of the PCT's Privacy and Dignity Audit, the PCT's Adult Inpatient Survey, and two Dignity in Care surveys carried out by the Forum covering community hospitals and general practice patients. The great majority of patients indicate their satisfaction with the way they are treated by staff. The PCT is taking action based on issues identified, with the Forum invited to take part in some of the work. Representatives of carers' groups are also being involved.

Core Standard C14a

Access to this needs to be improved. The Forum's Dignity in Care survey in PCT Community hospitals, the PCT's Privacy and Dignity Audit Report and Forum members' involvement in PEAT inspections identifies that access to and knowledge of the information is an issue. Information on PALS/complaints procedures in reception and ward areas is variable. Over 60% of patients are either unaware or vague about how to make a complaint. The PCT is responding to the issue via actions plans in response to the reports. Information regarding complaints is included in the induction programme for all PCT staff. Staff are made aware of the importance of handling complaints sensitively. The PCT's Privacy and Dignity Audit identifies that just over 50% of staff interviewed have a clear understanding of PALS and complaints procedures. Discussion with the PCT's Human Resource Director identifies that once received, formal complaints are dealt with in a timely manner. The complaint is acknowledged by letter and, if complex, the complainant is regularly updated through to resolution.

Matrons are aware of the difficulties in securing patient feedback and are currently considering alternatives, such as questionnaires to complete after discharge and disseminating current good practice identified in individual ward areas. A suggestion box with leaflet is currently available in some Community Hospitals and individual wards seem to have their own methods.

There is an excellent comments and complaints section on the PCT's website. It is easy to find, comprehensive and easy to understand.

Core Standard C15a

Forum Members are satisfied that the menus include an adequate choice of food and provide a balanced diet (subject to patient choice and intake). Forum members have seen menus and eaten meals as part of involvement in PEAT inspections. Patients commented positively about meals in the main during the inspections. Members have visited one of the PCT's quick chill facilities and are satisfied that the food is prepared safely. Discussion with the relevant PCT director identifies that all recipes have to be approved by the County Dietary Department and hospital kitchens are registered with the Environmental Health department to conform to Hygiene and Cook/Chill regulations and staff training.

Core Standard C15b

Outcomes of some of the surveys already mentioned, including Forum members involvement in PEAT inspections identify that special diets in the main are well catered for and support for feeding is available. Access to food is available 24 hours a day but patients seem to need to find this information by themselves.

Core Standard C16

The reports mentioned above indicate that this is an area for improvement. There is good quality information provided to patients on the whole orally and in written form but providing uniformity of access to this is an issue. The PCT works closely with the Hospital Trust to provide Information Leaflets concerning conditions/treatments. The PCT has informed the Forum that its Adult Inpatient Survey of a small number of patients discharged from community hospitals during August 2007 identified that half of patients reported that they had not been given written information about what to do, or not to do, after discharge. Patients also felt that they were not involved in decisions about their care. In the community hospitals the reports indicate the need to provide patients with more written information (as well as verbal information) about routines on the wards etc. The PCT is looking to address these issues as part of the action plans being devised in response to the reports.

Core Standard C17

The Forum has been impressed by the thoroughness and scope of the recent consultation carried out by the PCT to develop its Strategic Framework for the next three years. The Forum appreciates the way in which the PCT continues to listen and act on the views expressed by the community either through participation at meetings or by completing a questionnaire on line via the PCT's website. A real effort has been made to capture the views of all sections and interests within the community, including children.

Core Standard C18

The PCT is working hard to achieve this. Parking charges have recently been removed from the one community hospital that imposed these. Further recommendations relating to patient transport issues have been made to the PCT as an outcome of a Gloucestershire PPI Forums' outpatient survey into transport and accessibility to outpatient clinics held in acute hospital sites. A Forum member was invited to comment on the PCT's Race Equality Scheme and Action Plan and the Gender Equality Scheme. The documents are clear, accessible, comprehensive and written in a pleasant tone. The PCT is keen to develop information on access for disabled patients to dental practices, working with the Forum and with a local organisation for the disabled. A questionnaire was sent to all practices to gather information in the summer but responses were insufficiently robust. Therefore on-site visits are being set up to verify access. Every effort is being made by the PCT to provide additional NHS dental services in the areas that are currently least well served.

Core Standard C20b

The Forum has been advised by the PCT that their Adult Inpatient Survey had identified that some respondents did not feel they were given enough privacy when discussing their condition/treatment and this is borne out by other reports. The PCT is actively responding to issues raised by patients and staff in the reports mentioned earlier, including the need for private spaces where sensitive discussions cannot be overheard by other patients visitors. During PEAT inspections Forum members observed that staff tried to converse quietly with patients, so that they were not overheard, and that patient notes were kept away from view.

Core Standard C24

The Major Incident Plan is proving to be effective. Anecdotal evidence from the community and the local media is that the PCT's response to the floods last July was handled well. Every effort was made to keep services open. The impact on patient waiting lists was minimised within six months with the PCT and Acute Trust working together to balance waiting list priorities. Public Health information was made available to communities through the use of the local media and leaflet information.

* Please enter the name of the local child safeguarding board that has provided the commentary

Gloucestershire Safeguarding Children Board

* Local child safeguarding board comments. There is no word limit on this answer.

The PCT is fully engaged in the Child Safeguarding Board with Jill Crook, Director Of Clinical Development on the Board together with the Designated Doctor and Nurse.

Please enter the name of the organisation that has provided the first commentary

Please enter the first commentary for this organisation

Please enter the name of the organisation that has provided the second commentary

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Please enter the name of the organisation that has provided the fifteenth commentary

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There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Overview and scrutiny committee comments

* How many overview and scrutiny committees will be commenting on your trust? (maximum of 10)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

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Overview and scrutiny committee comments

Name of overview and scrutiny committee 1

Gloucestershire Health Overview and
Scrutiny Committee

Comments. There is no word limit on this answer.

As in previous years the HOSC has based its comments on evidence gathered during the course of the year through its normal meeting cycle, rather than undertaking any specific work on the annual health check itself. The HOSC comments naturally tend to focus on those standards that impact most directly on the patient experience.

1. First Domain: Safety

1.1 Core Standard C4, part A - Health care organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA.

1.2 Evidence: Bi-monthly performance reports to HOSC throughout 2007/8, plus the minutes of each meeting. Minutes and reports available through the Gloucestershire County Council GlosText system on the GCC website – www.gloucestershire.gov.uk

1.3 Comments: Performance is above the target for the number of MRSA cases being recorded within the health community. The latest performance report (covering the period to January 2008) recorded 32 cases for the year, against a target of 15. However, it should be noted that the number of cases in the 5 months between September and January was 11, compared to 21 in the previous 5-month period suggesting that performance is improving. Performance is also above target for the number of C. Diff cases recorded within the health community. The latest performance report recorded 578 cases for the year against a target of 504. Again performance in the last 5 months has been considerably better than in the previous 5-month period. In January 2008 the PCT indicated to the committee that additional funding has been identified to address infection control issues showing that the PCT is committed to addressing this issue.

2. Second Domain: Clinical and Cost Effectiveness

2.1 Core Standard C6 - Health care organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

2.2 Evidence: HOSC minutes and associated reports from May 2007, July 2007, December 2007, and March 2008. Available through the GlosText system.

2.3 Comments: Last year the HOSC made some negative observations against this standard, but this year the committee is able to be more positive on this issue. The HOSC considered the developing Emotional Health and Wellbeing Strategy and May and July 2007. This strategy was developed in partnership between health and social care and is an example of positive partnership working. The HOSC also received a presentation on joint working to promote the health of young people in December 2007, and received a presentation on the Carers Strategy in March 2008. Again these are both examples of good partnership working. The HOSC also considered the health related elements of the Local Area Agreement in July 2007. Again this demonstrated a commitment to joint working.

3. Third Domain – Governance

3.1 Core Standard C7, parts D – Health Care organisations ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources

3.2 Evidence: Minutes and associated reports from September 2007 HOSC meeting. Available through the GlosText System.

3.3 Comments: Although perhaps not directly relevant the HOSC has been pleased to note that Gloucestershire PCT has been able to achieve financial stability despite the difficult position it inherited from its predecessors. HOSC is confident that this stability means that all future service changes can be properly planned and not rushed, as was the case with 'The Future of Healthcare in Gloucestershire' consultation back in 2006/7.

3.4 Core Standard C7, part F - Health Care organisations meet existing performance requirements.

3.5 Evidence: Bi-monthly performance reports to HOSC throughout 2007/8, plus the minutes of each meeting. Papers available through the GlosText system.

3.6 Comments: The HOSC is aware that a number of targets have not been consistently achieved throughout the year, including the 18 week waiting time target, ambulance response time targets, choose and book utilisation targets, and MRSA reduction targets. With the exception of Choose and Book the HOSC has seen some evidence of improvements in each of these areas.

4. Fifth Domain – Accessible and response care

4.1 Core Standard C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.

4.2 Evidence: Report to HOSC on the Winchcombe Health and Social Care Project in March 2008, and minutes of the HOSC meeting in March 2008. Papers are available through the GlosText system.

4.3 Comments: In its commentary last year the HOSC was critical of the PCTs consultation processes during 2006/7, although it should be noted that the consultations in question were undertaken by the current PCTs predecessors. It is pleasing to be able to note that during 2007/8 the PCTs engagement and consultation processes have been well managed. An example of this is the engagement activity relating to the Winchcombe Health and Social Care project, which was described by members of the committee as exceptionally thorough. The Chairman of the HOSC also attended some of the PCT's 'Offer Conversation' events. Again the process was thorough and well managed.

4.4 Core Standard C18 – Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

4.5 Evidence: Bi-monthly performance reports to HOSC throughout 2007/8, plus the minutes of each meeting. Papers are available through the GlosText system.

4.6 Comments: The PCTs performance on Choose and Book utilisation has been of concern to the HOSC for much of the year. The target is to achieve 90% of referrals through the Choose and Book system, but the latest figures reported to HOSC in March 2008 show utilisation at just 40.7%. Despite various assurances from the PCT, GPs still appear reluctant to use the system and the utilisation figures have in fact fallen since the start of the year (from 45.5% in May 2007 to 40.7%).

4.7 Core Standard C19 - Health care organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.

4.8 Evidence: Bi-monthly performance reports to HOSC throughout 2007/8, plus the minutes of each meeting. Reports and minutes from the first meeting of the Great Western Ambulance Joint Health Scrutiny Committee. Papers are available through the GlosText system.

4.9 Comments: Performance on the 18-week referral to treatment target is below target. Latest performance figures for December (reported to HOSC in March 2008) show that 73.5% of patients are seen within 18 weeks (against a target of 85% by March 2008), which is above the planned trajectory to reach the target by March 2008. However, the latest figures also show that 80% of outpatients are seen with 18 weeks (against a target of 90% by March 2008), which is below the planned trajectory to achieve the target. Performance against the Category A 8 minutes response time has been below target for the majority of the year, although performance has been steadily improving. GWAS achieve the 75% target for the first time in January, and the HOSC hopes that this improved performance will now be maintained.

5. Seventh Domain – Public Health

5.1 Core Standard C22, Parts A and C – Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities, by (a) cooperating with each other and local authorities and other organisations and (c) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.

5.2 Evidence: HOSC minutes and associated reports from May 2007, July 2007, December 2007, and March 2008. Available through the GlosText system.

5.3 Comments: Examples described under core standard C6 demonstrate that the PCT is working effectively with local partners. In addition to this the HOSC is aware that the PCT is working effectively through the Safer and Stronger Communities Partnership to take forward work related to the aftercare needs of former drug users after they leave treatment – which follows on from some work undertaken by the HOSC. In last years commentary the HOSC made some criticism of the PCTs three predecessor organisations, suggesting that they were not prepared to work effectively with the HOSC. Cooperation between the PCT and the HOSC is now greatly improved, despite a difficult backdrop of the continued fallout from the 'Future of Healthcare in Gloucestershire' (undertaken by the current PCT predecessors), which included a referral to the Secretary of State for Health on older people's mental health issues.

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